Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

21.0027	143036595
249037 Study Area Code (SAC)	Service Provider Identification Number (SPIN)  ust provide a certification form for each SAC through which it provides Lifeline service).
2017 Kecertification Year State	Boomerang Wireless LLC ETC Name
enTouch Wireless  DBA, Marketing, or Other Branding Nat (If same as ETC name, list "N/A" Do not leave blan	ne Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
es the reporting company have affiliate with the company in accordance with Section 3(2) of the Company or controls, is owned or controlled by, or is unif-	ed ETCs? Yes No No Preporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be sommunications Act. That Section defines "affiliate" as "a person that (directly or indirectly) der common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47

## ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
	142
January	90
February	10
March	127
April	<i>Q</i> 9
May	38
June	52
July	170
August	94
September	140
October	71
November	872
December	146
Total Subscribers	2017

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

## Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial KAL

## Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

## **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

A. Subscribers eligible for recertification by anniversary month

Subscribers de-enrolled prior to recertification attempts

Total number of subscribers ETC is responsible for recertifying (A-B)

_	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	o an				-	-	10	10	12700	292	323	24	1335
A.	0	0	0	0	0	0	Q	11	7.0.	120	120	19	7990
В.	0	0	0	0	0	0	4	4	7713	130	III CONTRACTOR OF THE PARTY OF	m	536
C.	0	0	0	0	0	0	2	2	4987	142	203	' (	500

### **Recertification Methods**

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

Danort	the number	of eligible	subscribers v	erified throu	igh access to	a state or fed	eral database	). 	Tem	Oct	Nov	Dec	Year
Кероге	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	1,01		Total
								2	2 192	131	184	6	2515
D.	0	0	0	0	0	0	0	d	ar in				

E. Name of the data source(s) used to verify consumer eligibility:

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

Danas	t tha numb	er of Lifeline	subscribers	the ETC con	tacted direct	y to obtain re	ecertification	of eligibilit	y I C	Oct	Nov	Dec	Year
Repor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	1101		Total
				-	10	1	2	175	51007	35	37	1	5682
F.	0	0	0	0	0	1 0	O.		000				

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

		16201111000000000		t d	ua to incligib	sility or non-	response to t	he ETC's ou	Sep			12	Year
Report	-	r of Lifeline Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	Jan	1.00						-	1020	10	25	0	1886
G.	0	0	0	0	0	0	2	0	1000	21	0.0		
250000	U	U	U	- N	A CONTRACTOR OF THE PARTY OF TH	-	Name and Address of the Owner, when the Owner,						

H. Subscribers who recertified through ETC direct outreach attempt

	ılıa numbar	of Lifeline s	subscribers t	hat successfu	ally recertific	d through E	TC's outreac	n attempt.	Sep	Oct	Nov	Dec	Year
port	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	011	- A. C. X. C.		Total
	0					-	~	/X	2777	10	12	1	314
H.	0	0	0	0	0	0	0	0	Ditt				

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC Third Party

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

por			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	Feb	Iviai			0		0	0	0	0	0	0
I.	0	0	0	0	0	U	0	0					

- Name of third party administrator used to verify subscriber eligibility:
- K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

eport t	he number	of subscrib	ers as a resul	t of ineligibi	lity or non-re	sponse to ou	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	Feb	Mar	Apr	May	Jun	Ju				-	0	Total
К.		1	0	0	0	0	0	0	0	0	0	U	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

				4.02	t	rom a state a	dministrator	third party a	dministrator	or USAC			Year
Repor	14 2 1 1 1 1		Mar	Apr	h a request f	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	Jan	Feb	IVIAI				-	-		0	0	0	0
L.	0	0	0	0	0	0	0	0	0		0	U	

### Certification:

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

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Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

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I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed

### Initial

al number of subscribers ETC is possible for recertifying	Percent of subscribers due for recertification who were de-enrolled	
PMINISTER 550 8.000 F 160	Percent of subscribers due for recertification who were de-enrolled	
8197	23.01%	
	8197	

## Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

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Signature of Officer

klehrman@readywireless.com

Email Address of Officer

Oliver J. Moeller

Person Completing This Certification Form

Kimberley Lehrman, President

Printed Name and Title of Officer

12/24/2018

Date

3197434641

Contact Phone Number

## Affiliated ETCs

/ ARREAS	
	Name
SAC	
Mary Mary	